



Primary Care Matters

A Monthly Bulletin from Primary Care Services, Ft. Leavenworth, KS

May 2004

♦ Getting Ready to Leave? Let's Make Sure You're Ready!

Many soldiers and family members will be saying farewell to Ft. Leavenworth this summer and hello to new places around the world. On behalf of the nurses, docs and all the staff at Gentry Clinic, I wish you a very safe trip and a successful new assignment!

As the movers start to box up your household goods, we want to help make sure you are ready to go from a health standpoint, too. We invite you to consider the following items as you plan for your departure:

- ☒ **Off-post records.** Have you been seen in clinics or hospitals off-post? If so, have all of your records from these clinics made it into your chart? Most probably have, but you might want to come in and find out. If they have not, you still have time to acquire these records from the local offices so your record is complete. This is much easier to do now than to wait until you are far away from Leavenworth.
- ☒ **Medicine supply.** Do you take routine medicines? If so, will you have an adequate supply on hand to make it to your next duty station? Please make plans now to see your primary care manager to be sure you have everything you need to stay healthy en route.
- ☒ **Shot Records.** Are all your yellow shot records up-to-date? If not, stop by the Allergy/Immunization Clinic and have them checked out. If they are OK, make a photocopy of them and keep them in a safe place.
- ☒ **First Aid Kit.** Keeping a basic supply of Tylenol, cough medicine, Band-Aids, and other essentials will prove very handy should you need to take care of something minor on your journey. You never know what drug stores will be open during a long trip.
- ☒ **Emergency Phone Numbers.** Until you get checked-in to your new duty station, you and your family still fall under TRIWEST at this facility. This means that any emergency referrals or medical care must still go through Munson Army Health Center. Talk to the On-call physician about potential emergency referrals wherever you are by calling (913) 684-6000.



By the Numbers...

- 771 Immunizations given at this year's EFMP Overseas Screening Week...
- 1420 Individuals screened for overseas assignments...

◆ **Getting Ahead of Back Pain**

Are you all bent over with back pain? Or are you waiting in dread, with vivid memories of your last back attack? If you can honestly answer no to both of the above questions, you are in a fortunate minority. At some time in their lives, about 80 percent of Americans suffer from back pain serious enough to see a doctor, according to the National Institutes of Health.

Although back pain can be a direct result of trauma—an auto accident or a sports injury—the most common scenario is mock heroic. A professional athlete—or a young bus driver—bends down to pick up his crying three-year-old child, wrenches his back and goes on the disabled list.

It’s understandable that the back could be a source of trouble. The spinal cord is nerve central for the entire body, and the muscles of the back are used in some way for nearly everything we do—bending, stooping, reaching, lifting and even sitting. After years of repetitive movements, poor posture or weak muscles from a sedentary lifestyle, the back is clearly vulnerable to breakdown.

Back pain is a symptom rather than an illness, and some types of pain can be red flags for serious problems. If the pain is the result of a fall or injury; is associated with a fever, irregular menses; numbness, tingling or weakness in the legs; bowel or bladder problems, or pain radiating through the buttocks and into the legs, it’s important to see a doctor right away.

In the majority of cases, the reason for back pain is hard to determine, and the pain is likely to resolve on its own within a few days or a few weeks with or without treatment. The course is never predictable, however, and about half the time, the pain returns—leading to the mistaken inference that the condition is only in remission and may be getting worse. Because of the misery it causes and the worry about a recurrence, many individuals allow back pain to severely limit their lives.

Don’t Go To Bed

The first and most understandable reaction is to get into bed and avoid moving the painful back. This was once the standard prescription for treatment, but doctors now know it’s the worst thing you can do. Bed rest and immobilization leads to rapid deterioration of muscle strength, not to mention stiffness and swelling— making the pain even worse.

Another common reaction is to pop a handful of over-the-counter pain medications such as aspirin, acetaminophen or ibuprofen. At recommended dosages, these are helpful, but those who exceed guidelines put themselves at risk of dangerous interactions with prescription medications, cold remedies and alcohol. Long-term use of aspirin and non-steroidal anti-inflammatory medications such as ibuprofen and Naproxen can cause unwanted gastrointestinal bleeding and kidney damage. Combining acetaminophen with alcohol—even in moderation—creates a risk of liver failure.

The final desperation measure—contemplated all too soon by many patients—is surgery. It’s estimated that only about five percent of back patients ultimately need surgery, and many patients who choose this route do not find the relief they seek.

Even when the problem seems severe, it’s nearly always best to try conservative measures first. Many communities now offer a spine therapy center to provide a comprehensive array of non-surgical treatments—usually with all services gathered at one site. Physical therapy is an important component of most treatment programs. Goals are not just to reduce pain but to improve function and learn how to keep the back healthy.

Passive physical therapy includes heat and/or ice packs, used to decrease muscle spasms and inflammation. Some individuals respond better to either heat or ice; sometimes the two are alternated. Ultrasound uses sound waves to penetrate into soft tissues and apply deep heating, relieving inflammation and promoting tissue healing. A transcutaneous electrical nerve stimulator (TENS) unit uses electrical stimulation to provide pain relief. Iontophoresis is a process involving topical steroids plus electrical current to produce an anti-inflammatory effect. Active physical therapy, aimed at rehabilitating the back, includes stretching, strength training and cardiovascular workouts monitored by a trained therapist. Patients are also educated about back pain and ways to protect the back while lifting and performing daily activities.



Most persons suffering acute back pain are afraid to exercise for fear of making the condition worse, but studies have shown that exercise decreases present and future pain and reduces lost time from work. In one study, chronic back pain patients taking a three-month program of calisthenics had fewer “painful months” than other subjects over the next 12 months. A significant part of the pain usually comes from stiffness of the muscles, ligaments and tendons of the back. With patience and the right stretching exercises, these soft tissues can become mobile again, bringing meaningful relief. This is a process that may require weeks or months.


Typically, a person with a bad back has tight hamstrings in the thighs. This tightness limits motion in the pelvis, and that in turn produces excessive stress on the lower back. The hamstrings should be stretched once or twice every day with a gentle non-bouncing motion. One of the most common stretches simply involves bending forward at the waist with legs fairly straight reaching as far as possible toward the toes.

Cardiovascular workouts frequently start with warm water walking, sometimes combined with calisthenics, leg curls and other exercises. Eventually, the patient may progress to low-impact activities out of the water, such as walking or stationary biking.

Lower back pain is frequently caused by dysfunction of the lumbar spine joints. Chiropractic or osteopathic manipulations of these joints can be particularly effective at relieving pain and increasing mobility.


Massage, biofeedback, yoga, stress management and acupuncture have also been found to be effective components of a comprehensive treatment program. If pain persists, powerful anti-inflammatory medications can be injected directly into the area. For some individuals, surgery may well be the solution, but there is no reason to rush to that judgment. As many spine center patients have discovered, it is possible to stay ahead of the pain and get back to normal activities—working, gardening, golfing and playing with the children.

	Staff Spotlight: CPT (Dr.) Roger Brockbank, MD Staff Family Practice Physician, Gentry Clinic	
<p>CPT Brockbank is originally from Salt Lake City, Utah, and joined the staff of MAHC in 2001. He proudly serves as a Staff Family Practice Physician on the Purple POD at Gentry Clinic. CPT Brockbank received his BS in Biology at the Brigham Young University, and his Medical Degree from the George Washington University in Washington, D.C. In his off time, CPT Brockbank enjoys working with his church and spending time with his family, and he is also a bronze sculptor.</p>		



USA MEDDAC, Ft. Leavenworth, KS

MEDDAC Commander COL Margaret Rivera 684-6420



Chief, Primary Care Services

Head Nurse

NCOIC

Asst. NCOIC

Supply NCOIC

Immunization NCOIC

Immunization Medic

Triage Nurse

TRIWEST Exit Clerk

EFMP Coordinator

EFMP NCOIC

MAJ (P) Niel Johnson, MD

CPT Thurman Saunders, AN

SFC Robert Everett

SSG Eric Taylor

SSG Brian Bradstreet

SGT Timothy Morrow

SPC Angela McClelland

vacant

vacant

Ms. Audrey Harris SPC

Edwin Torres-Cortez

Medical Clerk Supervisor

Gentry Medical Clerks

Ms. Joan McBroom

Ms. Joyce McCool, Mr. Robert Moya, Ms. Annie Newton, Ms. Jennifer Manning, Ms. Joan MacLeree-Love

SFC Brenda Sam

Ms. Margaret Reyes, Ms. Donna Smith, Mr. John Bolton, Mr. Felicito Rustique, Ms. Cynthia Moore, Ms. Rita Green, Ms. Gretchen Baker, Ms. Lelonia Taylor

Green Pod

MAJ (Dr.) Niel Johnson • Mr. Paul Wilde, PA-C • Ms. Dana Miller, PA-C • Ms. Carolyn Anderson, RN • MAJ (Dr.) Jeff Leggit • Ms. Candice Spath, CNA • PFC Ross Powell

Gold Pod

MAJ Jim Sall, FNP • Dr. Gary Wilhelm, MD • Ms. Angela Clauser, RN • SPC Marco Sanchez • PV2 Crystal Blanco • Ms. Jessica Johnson, CNA • Ms. Von Morrison

Red Pod

MAJ (Dr.) Terry Simmons, MD • Dr. Catherine Silva, MD • CPT Scott Gilliam, PA-C • Dr. April Bremby, DO • Ms. Angie Keller, RN • Ms. Korri Surgeon, CNA • PV2 Joseph Giaquinto • Ms. Elizabeth Stone, CNA

Orange Pod



Dr. Adela Ganacias, MD • Ms. Deane Kilian, PNP • MAJ Janis Guenther, RN • PFC Carolyn Franks

Blue Pod

MAJ (Dr.) Leonard Hall, MD • Dr. Richard Bergstrand, MD • 2LT April Scott, PA • PV2 Shannon Page • CPT Laura Jones, RN • CPT Batina Sundem, RN • Ms. Marsha Florido, CNA

Purple Pod

MAJ (Dr.) Kelly Dawson, MD • CPT (Dr.) Roger Brockbank, MD • CPT Anthony Leonard, FNP • Ms. Mary Mathia, RN • Ms. Jeanine Sublett, CNA • Ms. Aliscia Alexander, LPN • Ms. Donna Benne, CNA

 Important Phone Numbers 

Appointments

All Monday—Friday appointments for Gentry Clinic can be booked through the TRIWEST Central Appointment Line at 1-888-TRIWEST or our local scheduling office at (913) 680-4000

For Saturday appointments call 684-6600--Option #5



All Gentry Clinic appointments, including EFMP appointments, can be booked on-line at www.munson.army.mil.

All Telephone Messages

(913) 684-6600--Option #2 or On-Line

Other Helpful Numbers (684- prefix)

Radiology	4-6140	Specialty Clinics	4-6170	Pharmacy	4-6102
Refills	4-6500	Patient Rep (Ms. Lages)	4-6105	EFMP (Ms. Harris)	4-6681
PEBLO (Mr. Oliver)	4-4035	Allergy/Shot Clinic	4-6344	Medical Records	4-6641
Triwest Referrals	680-4000	Physical Therapy	4-6166	Mental Health	4-6771
Optometry Clinic	4-6750	OB/Gyn Clinic	4-6284	Gentry FAX #	4-6128
Dental Clinic	4-5516	Nutrition Clinic	4-6750	Sports Medicine	4-6633

 Hours of Operation 

Gentry Clinic

Service	Hours	Days
Gentry Clinic	0730-1800	Mon — Fri
	0800-1600	Sat
Blood Pressures	0730-1730	Mon — Fri
	0800-1600	Sat
Throat Cultures	0730-1730	Mon — Fri
	0800-1530	Sat
Immunizations	0800-1730	Mon — Fri
EFMP	0800-1130	Mon — Fri

Munson Army Health Center

Optometry	0730-1530	Mon — Fri
Radiology	0730-1600	Mon — Fri
Pharmacy	0730-1630	Mon — Fri
Laboratory	0730-1630	Mon — Fri
Physical Exams	0800-1600	Mon — Fri

Primary Care Matters is a monthly bulletin provided by the Department of Primary Care Services, USA MEDDAC, Fort Leavenworth, KS. Information is current and correct at the time of the last revision. Any patient education presented is not intended to replace an evaluation by a competent medical provider, but rather to supplement the treatment plan outlined by the patient's health care provider. Moreover, much of the information is intended to be of a general nature and it cannot be assumed that such information will necessarily apply to specific individuals. Opinions and facts do not necessarily reflect that of the United States Government or its subordinate agencies. Questions, comments and corrections should be forwarded to the Chief, Primary Care Services, MAJ (P) Niel Johnson, MD, FAAFP.

Page 4

May 2004